Hands-on
Experience Learning

DGMT
THE DG MURRAY TRUST
Investing in South Africa's potential

RESOURCEFUL YOUNG CHILDREN
INCLUSIVE, ENABLING COMMUNITIES
GAME-CHANGING LEADERS
ENTERPRISING SCHOOL LEAVERS
CREATIVE LEARNERS

Perinatal Mental Health Project (PMHP)

Working with government services: lessons from the Perinatal Mental Health Project

The vision of the Perinatal Mental Health Project (PMHP) is of mental health support for all mothers to promote their well-being, and that of their children and communities. Our mission is to develop and advocate for accessible maternal mental health care that can be delivered effectively at scale in low resource settings.

Our strategy for scale up is to demonstrate the need for maternal mental health services within the state health and welfare system, and to provide a model of an effective, affordable intervention. Our service delivery, therefore, is based within public health facilities, and we work in close partnership with the Department of Health, both nationally and provincially.

The PMHP has been operating for more than 11 years and are based in the Alan J Flisher Centre for Public Mental Health at the University of Cape Town. We provide a one-stop, integrated service at three midwife obstetric units in Cape Town.

What we do:

- We provide mental health services for pregnant and postnatal women;
- We train those who work with mothers to improve the quality of their care;
- We form partnerships to promote the scale up of services; and
- We inform global interventions through robust research and advocacy.

Our reach:

Annually, our service provides:

- Psycho-social education for 5 000 pregnant women
- Mental health screening for 4 500 pregnant women
- Counselling for 750 women

The policy context of South African state services is notably progressive and enabling, supported by the Constitution and Bill of Rights. However, there is a disconnect between the policy level and implementation of services. The South African government is committed at policy level to equity and accessibility in the health care system and strong primary health care[1] is the most effective means of delivering services that fit these values. However, despite these policies and principles, in South Africa, health care, accessed by approximately 95% of pregnant women, focusses exclusively on physical care. At the same, time research findings in South Africa show that women living in poverty are at high risk of developing mental health difficulties such as depression and anxiety during and after pregnancy. Furthermore, there is a wide range of studies showing that maternal mental ill-health significantly impacts the health and development of subsequent generations.

The Perinatal Mental Health Project aims to 'close the gap' by influencing both high level policy and at the same time addressing the way in which services are delivered. In practical terms this means influencing:

- the broader discussion in which policy is located by contributing to public engagement through a range of media platforms;
- the specific groups of people who formulate policy by involvement on governmental task teams and consultancy groups involved in policy development and actively responding to policy drafts;

1 *Including holistic care, preventative care and maternal care - World Health Report, 2008.*

- the way in which policy is interpreted in the frameworks and protocols that operationalise policy at the point of service delivery by writing and disseminating accessible policy briefs for key stakeholders; and
- the attitudes, skills and knowledge of the individuals who deliver a service by engaging in training and supervision processes that involve a triad of principles: increasing mental health knowledge, practical skills and mental wellness of the providers.

In this learning brief we will describe how we approach our work with government services and the mechanisms and strategies that we implement to bring about change within the system while being based within it ourselves.

Our strategic positioning

Government regulates and enables – and sometimes impedes - the operation of Civil Society Organisations (CSOs). It is therefore one of the most important stakeholder relationships for any CSO, and the way this relationship is structured is one of the most important strategic decisions for the organisation. A fundamental choice must be made between managing interactions through hierarchical control, or through an alignment of goals, values and needs. In practice, there will be a range of tactics and variety of individual relationships within a CSO/government relationship. However, these take place within the boundaries set by the organisation-to-organisation relationship.

Ntombomzi, PMHP service user, with her daughter Liphiwe

There are a number of organisations, Equal Education[2] being a recent example, that have made the strategic choice to use the hierarchy of state to take their programme forward. They are using the authority of the legal system and Constitution to confront the government, and achieve 'change from without', and have won a number of court cases that establish the government's obligations on matters such as minimum norms and standards and on the need to consult genuinely with stakeholders during decision making. A similar tactic is to create public demand for a specific action or service, using the electorate to 'outrank' the government.

The Perinatal Mental Health Project aims to achieve 'change from within', and operates through aligning goals, values and needs with public health sector structures. This does not mean that we only form relationships with those who share our norms, or that we adopt the norms of external structures. It is important not to become subsumed by the much larger system we are trying to change, but to retain an independence of thought and action. This can only work where there is a mutual dependency, and a reciprocal sharing of rights and responsibilities. Individual interests have to be put aside in favour of collective interests, and the key control mechanism is trust. That is not to say that initiating relationships depend on the presence of trust – rather that the process of initiating and maintaining relationships should explicitly recognise the core role of trust.

Trust has both organisational and inter-personal elements. Relationships exist between individuals acting both as representatives of the organisations (institutional-based trust) and as an individuals in their own rights (process-based trust). However, individuals may also be seen as representing a range of other social groupings – race, gender, culture, nationality etc. – which could affect the way in which trustworthiness is evaluated and trust expressed. In practice, this means:

- creating an environment that supports dynamic relationships and mutual influence;
- ensuring that the PMHP values and goals are well maintained and articulated.

2 www.equaleducation.org.za

Mechanisms that support an environment of dynamic relationship

Mechanism	Notes	PMHP examples include:
Ensure that all parties share a stake in the process and outcomes	We understand the way in which public sector staff are managed and judged, so we can help them do their jobs more easily and achieve the results they are looking for.	• Willingness to see a distressed patient at short notice, so the nurse can attend to other competing work demands • Drafting patient information leaflets for Department of Health officials. • Developing a brief outlining maternal mental health elements in existing strategic governmental policies
Intervene at multiple layers of decision making	The service delivered to an individual mother is the result of a multitude of decisions and relationships; from the climate of international discussion to national and provincial policy, to standard operating procedures, to the values and personalities of individuals managing or providing the service. Many small 'tweaks' can have a greater effect than trying to change individual behaviour and attitude.	• Contribution to research and training internationally to make the case for the integration of maternal mental health care within the primary health care system. • Participation in committees and consultations about national and provincial maternal health care and mental health care policies. • Collaboration with healthcare site managers to find the 'best fit' for our services within their site, and provide formal and informal training to all levels of staff.
Develop and communicate clear roles and guidelines	Lack of clarity over responsibilities and the scope of each person's role results in conflict.	Issues that arise because of role confusion between DOH and PMHP staff are addressed through clear communication of roles and responsibilities. The rationale for where responsibilities should be separated is explained as well as and where they should overlap (to enhance outcomes). These discussions are conducted in a participatory style.
Facilitate open and frequent communication	There needs to be routine, formal and informal links between DoH and PMHP staff.	PMHP staff within the Department of Health sites: • attend staff meetings, • contribute to in-house training sessions • join in festive celebrations (there is great value in personal goodwill!)

Ensure concrete, attainable goals	People like to be part of a success story, and to be able to see progress.	• Clear and measurable target indicators for service delivery are set (e.g. coverage, number of women counselled, sessions held, etc.).
		• Regular feedback is given to stakeholders on monitoring and evaluation (M&E) data at several levels including:
		  ◦ Department of Health managers (annual report and mid-year report)
		  ◦ Monthly service monitoring reports to PMHP clinical staff and to facility management staff to improve service delivery

Be adaptable	You are unlikely to get it completely right the first time – make sure you're keeping the 'end result' in sight rather than getting too attached to the details of the original plan.	Several PMHP processes and tools have been adapted to respond to trends in M&E data as well as conditions in the facility.

Facilitating change from within

The following factors help to create an environment within the Department of Health sites that has the potential to facilitate the 'change from within' that we are seeking to achieve in the health system:

Maintaining values and goals within the CSO

The above described mechanisms are not characteristics that are always associated with the public sector. In order to influence change, it is crucial that the PMHP staff are able to consistently model the behaviours and attitudes that we would like to see universally adopted in the public sector. For example, we expect staff to be consistently courteous and communicate respectfully – whether to patients, colleagues, managers or members of the public. A CSO can increase the likelihood of their member of staff maintaining this standard by:

Selecting the right person:

- Provide clear value statements in the job description and person specification.
- Test values and attitudes during the recruitment

process, for example providing candidates with specific (and likely) scenarios and asking them to explain how they would or have in the past responded to that situation.

Providing on-going support and constructive feedback:

- During induction of staff, discuss the importance, and sometimes difficulties of, maintaining that set of values in an environment with a different set of norms.
- Provide regular support that acknowledges the difficulties and validates feelings, which models the values of the organisation, and which encourages learning rather than blame. Simple techniques such as saying 'please do more of XXX' instead of saying 'please don't do YYY' can be effective.
- Recognise and support the need for staff to have their own mental health maintained. This may take the form of regular clinical supervision, debriefing, continuing professional development and well-timed periods of respite.
- Provide advice and support when a member of staff experiences conflicts and difficulties, and where there is a serious conflict that cannot be resolved at an individual-to-individual level, be willing to escalate to a management level.

Understanding the 'system of interest'

One of the most vital aspects of working 'within', is to construct your own understanding of what is 'within' and 'without' the system you are trying to change. The 'system of interest' is defined by its purpose – so if you are intending to provide a maternal mental health service in a state maternity unit, the system of interest would include all those people or groups that collectively will enable that service to run. A systems map is a useful way of structuring a discussion about the elements 'within' and 'without', and most importantly, WHY they could be seen as inside/outside.

The people (or groups) within the system are the key people that you need to influence. It is not necessary (or possible) to have everyone 100% supportive in order to have an impact, but it is necessary to understand the 'pressure points' – both formal and informal. For example, the security guards in the PMHP sites affect the psychological well-being of patients by being polite and pleasant, or by being bullying and aggressive. However, we, as the CSO do not need to be able to train or influence them, as long as the clinic management understand the issue and are willing to act.

Operational challenges and our responses

Over the past eleven years we have found the following to be key operational challenges that impact the implementation of our strategy and which we need to respond to:

Challenge	PMHP response
Low levels of mental health literacy among healthcare staff and patients are linked with stigmatising views of those experiencing mental health difficulties.	Training engages participants in participatory approaches to develop and entrench evidence-based public mental health concepts.
High levels of mental distress among healthcare workers lead to a loss of empathy and respect for patients.	Our training methods make use of role-play and other training exercises that promote self-awareness and empathy. We also offer training in strategies to promote self-care.
The public health system is over-stretched and under-resourced, and mental health is often considered a low priority.	Through training, multi-level engagement with governmental divisions and multi-media advocacy work, the PMHP translates the evidence which shows the positive impact of mental health on key physical health, development and economic outcomes.
It can be difficult to evaluate the benefits of services such as counselling, and therefore create an evidence base for the value of investing in these interventions.	As part of the University of Cape Town, we are able to participate in a range of research activities that enable the development of evidence for effectiveness and best practice.
The success of the service is based very much on personal relationships with key individuals, rather than systemic support.	Over time, the number of these relationships and the depth of trust in these relationships increase which leads to a growing support base. The key is to invest over time in maintaining working relationships and to persist in making new ones. This is greatly helped by offering to assist DoH staff members whenever appropriate and being available to consult to key DoH initiatives.

Hanover Park staff and PMHP team members

Conclusion

Within South Africa at present, there is a mismatch in public services between an enabling policy context and poor quality implementation. The critical question is how best to engage the state as an agent for developmental change. Most CSOs have some form of relationship with the government. This relationship needs careful strategic management. While some CSOs choose to confront the government – either through the legal system or through mobilising public protest – others aim to change the culture of public services by influencing goals and values. PMHP has chosen to work collaboratively. Our strategy for scale up is to influence the public sector service providers in order to reach our vision of mental health support for all mothers. Over the past eleven years, we have developed strategies to enhance our relationship with government and to do so by bringing about change from 'within' the system. This has required the development of various mechanisms to support dynamic and mutually influencing relationships, strong maintenance of values and goals, and an in-depth understanding of the system that we are trying to change.

Perinatal Mental Health Project

Caring for mothers.
Caring for the future.
www.pmhp.za.org

This learning brief tells of the hands-on experience of:

Physical address:
Alan J Flisher Centre for Public Mental Health
Department of Psychiatry & Mental Health, University of Cape Town
46 Sawkins Road, Building B,
Rondebosch 7700
Cape Town, South Africa

Tel: +27 21 689 8390
Fax: +27 86 542 1613

Email: info@pmhp.za.org
Web: www.pmhp.za.org

Twitter: https://twitter.com/PMHPatUCT
Facebook: https://www.facebook.com/PerinatalMentalHealthProject